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Recommendation for funding for a short-duration country programme**

Democratic People's Republic of Korea

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of the Democratic People's Republic of Korea with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $2,761,000 from regular resources, subject to the availability of funds, and $9,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2003.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

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Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	7.4
U5MR (per 1,000 live births)	30
IMR (per 1,000 live births)	23
Underweight (% moderate and severe)	60
Maternal mortality rate (per 100,000 live births)	110
Literacy (% male/female)	100/100
Primary school enrolment (% net, male/female)	100/100
Primary school children reaching grade 5 (%)	100
Access to safe water (%)	100
Routine EPI vaccines financed by Government (%)	
GNP per capita (US$)	*

One-year-olds fully immunized against:	
Tuberculosis	64 per cent
Diphtheria/pertussis/tetanus	37 per cent
Measles	34 per cent
Poliomyelitis	77 per cent
Pregnant women immunized against tetanus	5 per cent

* Low income ($760 or less)

The situation of children and women

1. Historically, the Democratic People's Republic of Korea had an extensive and comprehensive system of basic social services that were universal and free at the point of delivery for its population of 22.5 million. The dissolution of traditional economic ties and a decline in per capita gross domestic product, together with the natural disasters of the mid-1990s, adversely affected access to and the quality of these services. Social sectors faced severe supply shortages, while capacity development for technical and managerial staff was hindered by limited access to contemporary knowledge.

2. Social indicators deteriorated steadily from the mid-1990s. The infant mortality rate, which had declined from 85 per 1,000 live in 1960 to an estimated 23 births in 1991, increased. The under-five mortality rate rose from 30 per 1,000 live births in 1990 to 55 in 1996 (Ministry of Public Health).

3. The 1998 multiple indicator cluster survey (MICS) and the nutrition survey showed that an estimated 22 per cent of children suffered from low birth weight (less than or equal to 2.5 kilograms), while 62 per cent of children under seven years old were stunted and 16 per cent were wasted. Disaggregation shows wasting at 31 per cent for children between 12 and 24 months, while the underweight rate was higher in boys than in girls. The prevalence of goitre is reported to range from 10 to 26 per cent in children 11 to 16 years old in mountainous regions, and vitamin A deficiency is reportedly high.

4. Vaccination coverage prior to 1994 was virtually 100 per cent, but immunization rates dropped sharply soon after due to the non-availability of vaccines. The 1998 MICS showed vaccination coverage at 37 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine, 34 per cent for measles vaccine, 77 per cent for polio vaccine, 64 per cent for anti-tuberculosis vaccine and only 5 per cent for two doses of tetanus toxoid. Tuberculosis and malaria are re-emerging diseases.

5. The health of mothers continues to be of concern owing to inadequate food intake, poor quality and inadequacy of obstetric care, and a heavy workload. The maternal mortality rate, estimated at 70 per 100,000 live births in 1990, reportedly increased to 110 by 1996 (Ministry of Public Health). The MICS reported that 34 per cent of pregnant women suffer from anaemia. Women reportedly make up to 18 antenatal visits, but quality basic obstetric care is inadequate due to acute shortages of equipment and drugs. No official figures are available on sexually transmitted diseases (STDs)/HIV/AIDS.

6. The MICS showed that all households have access to a water supply and a latrine, albeit highly depleted. Diarrhoea morbidity was above 20 per cent among children under five years old, which can be attributed largely to the consumption of contaminated water, the use of unsanitary latrines and unhygienic practices. Water availability, even in main towns, has been curtailed to between five and nine hours per day. The treatment of water is no longer a regular practice due to present economic hardships. While widespread deterioration in basic social services has had a nationwide impact, the northern provinces of Kyonggang, and North and South Hamgyong have been more adversely affected due to their reliance on industries that have ceased production since the 1995 floods.

7. Education is compulsory up to 16 years of age in the country, which is reported to have universal adult literacy. While MICS reported 100 per cent school enrolment for both girls and boys, attendance in some areas has reportedly dropped to between 60-80 per cent due to poor heating, and the lack of food, teaching and learning materials.

8. Orphanages proliferated throughout the country during the 1990s. There are 13 baby homes, 12 orphanages and 14 boarding schools for children aged 0-5 years, 5-6 years and 7-16 years, respectively, that provide institutionalized care for children in need of special protection and a further 12 special institutions for disabled children.

9. The Democratic People's Republic of Korea ratified the Convention on the Rights of the Child in 1990 and developed a National Programme of Action (NPA) to implement the World Summit for Children goals. The initial report on implementation has been submitted to the Committee on the Rights of the Child, and Concluding Observations, such as adopting national strategies for children in need of special protection and improving the collection of statistical data, among others, are being addressed. The Democratic People's Republic of Korea is not party to the Convention on the Elimination of All Forms of Discrimination against Women, but has reaffirmed the 1946 law on women's equality in the Socialist Constitution. Women participate equally with men in the workforce. However, this has increased their burden, as women are also expected to undertake traditional roles.

Programme cooperation, 1999-2000

10. In health, the immunization project helped to improve coverage and make good progress towards polio eradication. UNICEF provided vaccines, cold-chain equipment and training to revive routine immunization. Polio and measles immunization coverage increased to above 90 per cent in 1999 as a result of national immunization days supported by UNICEF and the World Health Organization (WHO). Advocacy with the Government resulted in adoption of the WHO/UNICEF recommended immunization schedule. Severe funding constraints enabled UNICEF to procure only 33 per cent of essential drugs and 18 per cent of basic obstetric supplies for targeted hospitals. Self-sufficiency in the production of oral rehydration salts and the use of oral rehydration therapy have been achieved with UNICEF support. Under the nutrition programme, the main salt production plant was rehabilitated in partnership with the United Nations Development Programme (UNDP) and the World Food Programme (WFP), although universal salt iodization has yet to be realized. Vitamin A and micronutrient supplementation were provided to 2.1 million children under five years old. Multisectoral action helped to successfully rehabilitate an estimated 60,000 severely malnourished children in 13 baby homes, 8 paediatric hospitals and 97 children's wards in county hospitals. Children in 27,152 targeted institutions were provided with fortified complementary foods, produced locally by the Government, WFP and UNICEF. In water and sanitation, shortfalls in funding resulted in chlorination of one half of the piped water supply in selected urban areas and met only 45 per cent of the requirements for

the construction of sanitary latrines in 30 rural communities. In education, teachers training and curricula renewal were initiated, and textbook production requirements were partially met. Of the total planned training workshops, 89 per cent were conducted, resulting in increased capacity for rational drug use, case management of diarrhoea and acute respiratory infections (ARI), the treatment of malnutrition and groundwater abstraction. In 1999, a national coordinating body was established to oversee progress in implementation of the Convention on the Rights of the Child.

Lessons learned from past cooperation

11. The Democratic People's Republic of Korea has developed its knowledge base primarily from national resources, which is not always compatible with internationally accepted methodologies. Access to contemporary sources of international knowledge is limited. Therefore, an emphasis on capacity-building will be enhanced to upgrade knowledge at all levels. The country's extensive infrastructure of nurseries and kindergartens provides a unique opportunity to reach all children with an integrated approach to early childhood care (ECC) for survival, growth and development. The nation's social mobilization capacity is also highly effective. These capacities will be used to enhance coverage and enrich ECC and learning. Continuing economic stagnation and recurrent natural calamities have increased the risk of post-disaster consequences. Therefore, the next programme will incorporate emergency preparedness measures to enhance national capacity to respond effectively. Further improvements in the situation of children and women, such as increased food security and access to basic social services, will depend on continuing UNICEF partnerships with United Nations agencies and non-governmental organizations (NGOs). Such collaboration will be strengthened further in the next programme cycle.

Country programme preparation process

12. The 2001-2003 country programme is proposed to harmonize United Nations agency programme cycles. The Common Country Assessment and the United Nations Development Assistance Framework were not developed due to Government and United Nations preoccupation with emergency operations. Programme preparations drew on the findings of the 1999 situation analysis of children and women, the outcomes of the mid-term review (MTR), lessons learned from the past programme of cooperation and project evaluations. A strategy meeting, convened by the Government and UNICEF in December 1999 with the participation of United Nations agencies, Board member countries and donors, assisted in identifying programme priorities, and the future direction and articulation of strategies.

Country programme goals and objectives

13. The overall goal is to support national efforts to sustain gains in achieving the World Summit for Children goals, and to implement the Convention on the Rights of the Child and priority actions for children. The Government and partner organizations have established the following objectives to be achieved by 2003: (a) the reduction of up to 15 per cent in infant mortality, 20 per cent in under-five mortality, 20 per cent in maternal mortality, 60 per cent in severe malnutrition among children under seven years of age, 30 per cent in wasting and 20 per cent in stunting; and (b) improvement in the overall well-being of children in need of special protection. UNICEF assistance will be targeted to six provinces and two cities as designated by the Government. However, childhood immunization, ARI and the control of diarrhoea diseases will have nationwide coverage.

Relation to national and international priorities

14. Food security, health, the control of micronutrient deficiencies, water and sanitation, and education are recognized national priorities and reflected in the NPA goals. These priorities and related aspects, which underpin national efforts to realize the World Summit goals and children's rights as articulated in the Convention on the Rights of the Child, have been elaborated in the situation analysis, and reviewed and endorsed at the strategy meeting. This programme

Recommended programme cooperation, 2001-2003

Estimated annual expenditure

(In thousands of United States dollars)

	2001	*2002*	*2003*	*Total*
Regular resources				
Health and nutrition	390	390	391	1 171
Water and environmental sanitation	150	150	150	450
Education	140	140	140	420
Planning, information, monitoring and evaluation	190	190	190	570
Cross-sectoral costs	50	50	50	150
Subtotal	**920**	**920**	**921**	**2 761**
Other resources				
Health and nutrition	2 100	2 300	2 500	6 900
Water and environmental sanitation	400	450	500	1 350
Education	200	250	300	750
Subtotal	**2 700**	**3 000**	**3 300**	**9 000**
Total	**3 620**	**3 920**	**4 221**	**11 761**

supports key actions to improve the quality and coverage of basic social services, especially in underserved areas, through strengthened collaboration with partner organizations, also taking into account the Concluding Observations of the Committee on the Rights of the Child.

Programme strategy

15. The country's educated population, elaborate institutional infrastructure and rich human resources will be harnessed to meet the programme objectives. The strategies include: capacity-building to strengthen technical and management skills, including emergency management of the line ministries at all levels; empowerment to enhance decision-making at the household level, and improved child care and preventive health practices, including the proper management of childhood illnesses; effective communication approaches to encourage behavioural change through the use of appropriate information and social mobilization; advocacy to fully implement the Convention on the Rights of the Child and existing sectoral policies on women's and children's welfare; communication for fund-raising; and selective service delivery to respond to the most critical needs in social service provision and to help recuperate the depleted infrastructure, especially in underserved regions.

16. UNICEF will support five interrelated programmes within the overriding framework of the Convention on the Rights of the Child and the priority actions for children. The proposed programme, comprising three sectoral and two cross-sectoral components, has an overarching focus on gender and ECC. An integrated approach in ECC and gender will be promoted through the nation's system of day-care centres or nurseries and baby homes to strengthen caregiver and community capacity to improve health and nutrition, including breastfeeding and complementary feeding, the care of sick children, psychosocial and cognitive development, and hygiene education.

17. *Health and nutrition.* The programme will address the problems of low immunization coverage; and child mortality due to the high incidence of malnutrition, diarrhoeal diseases, ARI and micronutrient deficiencies. It will aim to improve access to quality care and upgrade technical skills of health providers. It comprises four projects: (a) child immunization; (b) maternal and child health (MCH); (c) child and maternal nutrition; and (d) control of

micronutrient deficiencies. The child immunization project aims to achieve universal sustainability, including polio eradication, the elimination of neonatal tetanus and measles control. The MCH project aims to contribute to a 40 per cent reduction in diarrhoea mortality and ARI; and achieve 60 and 40 per cent in the provision of quality basic and emergency obstetric care, respectively, in maternity facilities. The child and maternal nutrition project aims to: (a) reduce the prevalence of malnutrition from 31 to 15 per cent in children 12 to 24 months old, the incidence of low birth weight in newborns by one third, and the prevalence of goitre and anaemia by one half; and (b) eliminate vitamin A deficiency. Routine immunization will be carried out through existing anti-epidemic stations. The country's social mobilization capacity will be utilized to ensure adherence to the recommended immunization schedule, with an emphasis on safe injection procedures, and to achieve and sustain universal immunization and vitamin A supplementation. UNICEF, in collaboration with WHO, will support the provision of vaccines, including new vaccine initiatives, technical assistance for cold-chain maintenance, strengthening of disease surveillance and the provision of essential drugs, along with assistance for local production.

18. UNICEF will provide targeted hospitals with supplies for essential obstetric care. In partnership with the United Nations Population Fund and the International Federation of Red Cross and Red Crescent Societies (IFRC), the technical skills of health providers will be upgraded and the quality of care will be improved through training. The emerging issues of malaria and STDs/HIV/AIDS will be addressed through the operationalization of information, education and communication (IEC) packages.

19. Maternal and child nutrition will combine preventive and curative approaches using service provision and behavioural change strategies, with strong linkages to the water and sanitation and education programmes. The prevention of malnutrition at the earliest stage of child growth and development will be addressed through the promotion of adequate nutrition for pregnant and lactating women, including the distribution of fortified complementary food to young children, in collaboration with WFP; exclusive breastfeeding through the Baby-Friendly Hospital Initiative; growth monitoring promotion in the nursery system to monitor child growth and develop awareness of appropriate child care and complementary feeding practices; and the dissemination of IEC packages through health and children's institutions and mass media. Curative actions will focus on the treatment of severe malnutrition in rehabilitation centres at the community level through training and the provision of supplies such as therapeutic milk. The prevention of micronutrient deficiencies will be addressed by securing universal salt iodization, in collaboration with UNDP and WFP; food fortification with WFP; and multi-vitamin supplementation for 2.1 million children under five years old, 430,000 pregnant women and 420,000 lactating women. Geographic areas for selective service delivery will be identified by the highest prevalence of morbidity and malnutrition. Monitoring and evaluation will be secured through the use of sentinel sites, field visits and project reviews.

20. *Water and environmental sanitation*. Extensive wear and tear of the aging water and sanitation infrastructure and lack of resources have compromised the quantity and quality of these services. The programme comprises two projects: water supply; and environmental sanitation and hygiene. It aims to support Government efforts to secure safe water and improve sanitation facilities in 100 per cent of children's institutions (256 facilities serving 350,000 children), 25 per cent of the population in 30 rural settlements, and 16 provincial paediatric and maternity hospitals in priority areas covering an estimated 4 million people. It also aims to promote adequate hygiene to reduce the transmission of water- and sanitation-related diseases. Operational strategies include rehabilitating the piped water system; strengthening national capacity for groundwater abstraction; broadening technological choices through training; enhancing water quality through chlorination; and using local resources and mobilization efforts to achieve adequate hygiene. UNICEF will support the provision of spare parts for drilling and pumping, and chemicals for the chlorination of piped water; the training of technicians; the mobilization of communities to construct sanitary latrines, in partnership with WFP Food-for-Work schemes; and the utilization of IEC materials to put hygiene knowledge into practice. Water testing and field visits will enhance quality control.

21. *Education*. While access to basic education is universal, shortages of materials and the absence of modern teaching methods pose a severe challenge to

service quality. Programme objectives aim to assist the Government in its efforts to: (a) sustain and consolidate reported universal enrolment, attendance and completion of primary education; (b) ensure that all children have a good start to life and learning through ECC; and (c) improve the quality of basic education for all children, irrespective of where they live. Key interventions will enhance the capacity of caregivers to promote early childhood development and learning; improve the quality of basic education for 350,000 children in 256 schools in remote areas; assist curricula development; enhance teachers' effectiveness through further training of 102 teacher educators in 26 colleges; and improve assessment methodology to increase learning achievements. The Convention on the Rights of the Child and life skills will be mainstreamed into national curricula. UNICEF will support the limited provision of paper for textbooks and materials to rehabilitate damaged facilities and create child-friendly spaces for learning.

22. *Planning, information, monitoring and evaluation.* This cross-cutting programme aims to support Government efforts to: (a) improve the availability of disaggregated data to enhance analysis and increase knowledge on the situation of children and women; (b) increase awareness of the Convention; and (c) improve national capacity for disaster management. Strategies will support upgrading of technical capacity for monitoring and evaluation at all levels and draw on the country's strengths in social mobilization and communication. UNICEF will support the development of mechanisms for regular data collection, analysis and publication; mainstreaming IEC and the Convention into the national education curricula; the use of IEC packages that link schools to homes and community; and the development of an emergency preparedness plan, including the positioning of vital supplies, in collaboration with United Nations system.

23. *Cross sectoral costs.* The cross-sectoral costs will cover programme implementation costs not attributable to individual programmes, but clearly linked to service delivery.

Monitoring and evaluation

24. UNICEF will support an integrated Monitoring and Evaluation Plan that includes a sentinel reporting system to collect disaggregated data and evaluative activities to assess the situation of children and women. Process and output indicators to monitor programme implementation include numbers of children and pregnant women immunized; numbers of households with access to safe drinking water and sanitary latrines; numbers of severely malnourished children successfully rehabilitated; and reported deaths from diarrhoea and respiratory infections. The MTR in July 2002 and final programme review in December 2003 will be supported with evaluations and surveys. In-depth reviews of immunization, safe motherhood, essential drugs, water and sanitation, and nutrition rehabilitation projects will be conducted in 2003 along with MICS, which will provide data on key social indicators and assess the overall programme impact.

Collaboration with partners

25. To enhance overall impact and optimize resources, UNICEF will continue to further strengthen its successful collaboration with WFP in food fortification and rehabilitation of basic social services; with UNDP and WFP in the elimination of iodine deficiency disorders; with WHO in immunization and essential drugs; and with IFRC and NGOs in health, and water and sanitation. In view of the present limited bilateral support, alliances with donors and National Committees for UNICEF will be strengthened through a communication and resource mobilization strategy that includes funding proposals, regular updates and briefings, effective contributions management, timely donor reporting and joint field visits.

Programme management

26. The National Coordinating Committee will be responsible for overall programme management. Line ministries will undertake the major part of project implementation, monitoring and evaluation. The UNICEF country office will provide technical and material assistance to the extent outlined in the present recommendation. Cooperation in the resident coordinator system will continue in order to effectively address programme-wide challenges such as initiatives for children in need of special protection, support in emergencies and fund-raising. The technical coordination role of UNICEF, particularly within the sectoral components, will be enhanced to accelerate achievement of programme objectives.

TABLE

COUNTRY : DPR OF KOREA
PROGRAMME: 2001-2005

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	RR	FOR	NOR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
HEALTH & NUTRITION	1,171,000			1,171,000	0	0	0	1	0	0	1	0	0	1	522,437	0	522,437
EDUCATION	420,000			420,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER AND ENVIRONMENTAL SANITATION	450,000			450,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PLAN., INFO., MONIT. AND EVAL.	570,000			570,000	0	0	0	1	0	0	1	0	0	1	413,398	0	413,398
CROSS-SECTORAL COSTS	150,000			150,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR	2,761,000			2,761,000	0	0	0	1	1	0	2	0	0	2	935,835	0	935,835
OTHER RESOURCES :																	
HEALTH & NUTRITION		0	6,900,000	6,900,000	0	0	0	1	1	0	2	0	0	2	935,835	0	935,835
EDUCATION		0	750,000	750,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER AND ENVIRONMENTAL SANITATION		0	1,350,000	1,350,000	0	0	0	0	1	0	1	0	0	1	451,338	0	451,338
TOTAL OR		0	9,000,000	9,000,000	0	0	0	1	2	0	3	0	0	3	1,421,217	0	1,421,217
TOTAL RR & OR	2,761,000	0	9,000,000	11,761,000	0	0	0	2	3	0	5	0	0	5	2,435,388	0	2,435,388
SUPPORT BUDGET		Operating costs Staffing		259,360	0	0	1	1	1	0	1	0	1	3	1,727,160	305,293	2,062,453
GRAND TOTAL (RR + OR + SB)					0	0	1	3	4	0	6	0	1	8	4,162,416	305,293	4,467,707
Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)					0 0	0 0	1 1	3 3	4 4	0 0	8 8	0 0	1 1	9 9	4,162,416	305,293	4,467,707

RR = regular resources
OR = other resources
FOR = funded other resources
NOR = new other resources
IP = International Professional
NP = National Professional
GS = General Service
SB = support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole
b/ Excludes temporary assistance and overtime